Fill	in this information	to identify your ca	ase:									
	otor 1	Michael L To										
	otor 2 buse, if filing)	Nicole S Tor	rence				_					
Uni	ted States Bankru	ptcy Court for the	EASTERN DISTRICT	OF PENI	NSYLVANIA							
	se number 17	7-13959- elf								ed filing ent show	ring postpetition	
O	fficial Form	า 106l						Ī	/M / DD/ \	/YYY	-	
S	chedule I:	Your Inco	ome AMENDE	D				.,				12/15
sup spo atta	plying correct inf use. If you are se ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly th you, d	, and your sp o not include	ouse i	s liv nati	ing with on abou	you, incl t your spe	ude info ouse. If 1	rmation aboumore space is	your needed,
1.	Fill in your emp	loyment		Debtor	1				Debtor 2	2 or non	-filing spouse	
	If you have more	than one job,	Employment status*	✓ Emp	oloyed				<b>✓</b> Emp		3 - 1	
	attach a separat	e page with	Employment status	☐ Not	employed				☐ Not €	employed	d	
	employers.		Occupation	Bus O	perator/Driv	/er						
	Include part-time self-employed w		Employer's name	SEPT	4				Indepe	ndant S	Shared Servi	ces
	Occupation may or homemaker, i		Employer's address	_	/larket Stree	et				ey Strea n, PA 1	am Parkway 9355	
			How long employed th	nere?	8 years							
						hmen	t for	Additio	nal Emplo	yment l	nformation	
Par	t 2: Give D	etails About Mon	thly Income									
	mate monthly inc		ate you file this form. If y	ou have	nothing to rep	ort for	any	line, write	e \$0 in the	space. I	Include your no	n-filing
	u or your non-filing e space, attach a s		ore than one employer, co	mbine the	e information f	or all e	empl	oyers for	that perso	on on the	lines below. If	you need
	•	•						For De	btor 1		Debtor 2 or Filing spouse	
2.			ry, and commissions (be calculate what the monthly			2.	\$	7	,454.89	\$	2,911.83	-
3.	Estimate and lis	st monthly overti	me pay.			3.	+\$		0.00	+\$_	0.00	-
4.	Calculate gross	s Income. Add lin	e 2 + line 3.			4.	\$	7,4	54.89	\$_	2,911.83	

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Michael L Torrence, Sr. Nicole S Torrence		(	Case	number ( <i>if known</i> )	1	7-13959- €	elf	
	Con	by line 4 here	4.		For	7,454.89	ı	For Debtor		
	OOP	y line 4 nere	٦.		Ψ_	7,454.03	`	' <u>Z</u> ,	311.03	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$_	1,989.91		\$	498.33	_
	5b.	Mandatory contributions for retirement plans	5b	).	\$_	0.00		₿	0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$_	295.14		·	0.00	_
	5d.	Required repayments of retirement fund loans	5d		\$_	0.00		<u> </u>	0.00	_
	5e.	Insurance	5e 5f.		\$_ \$	237.47			205.53	_
	5f. 5g.	Domestic support obligations Union dues	5ı. 5g		\$ _	77.65	9		0.00	_
	5g. 5h.	Other deductions. Specify:	5h		<b>\$</b> -	0.00			0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		*- \$	2,600.17			703.86	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		· – \$	4,854.72		·	207.97	_
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	8a 8b 8c 8d 8e	).  -  -  -	\$ -   -   -   -	0.00 0.00 0.00 0.00 0.00		6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	0.00 0.00 0.00 0.00 0.00	
	8h.	Other monthly income. Specify: 2016 IRS Refund \$3,830	_ 8h		\$_	319.17	+ 5	<u> </u>	0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	<b>.</b>	319.17	5	\$	0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,173.89 + \$		2,207.97	= \$	7 204 00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		5,173.89 + \$		2,201.91		7,381.86
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your experiments or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe				•	in Schedule	∍ J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies							\$	7,381.86
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?						Combi month	ned ly income

Official Form 106I Schedule I: Your Income page 2

Debtor 1	Michael L Torrence, Sr.		
	Nicole S Torrence	Case number (if known)	17-13959- elf

## Official Form B 6I Attachment for Additional Employment Information

Debtor	
Occupation	Driver
Name of Employer	Uber Philadelphia
How long employed	April 2016
Address of Employer	
	Philadelphia, PA

Official Form 106I Schedule I: Your Income page 3